

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

2153

BIRTH NO.

PLACE OF DEATH  
AND  
USUAL RESIDENCE1. PLACE OF DEATH  
A. COUNTY

Pima

C. CITY  
OR  
TOWN

Tucson

D. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  
ADDRESS OR LOCATION)  
2340 E. 8th St.,B. LENGTH OF STAY  
IN THIS TOWN IN ARIZONA  
3 yrs 3 yrs☒ IN CITY LIMITS  
☐ OUTSIDE CITY LIMITS

2. USUAL RESIDENCE

A. STATE

Arizona

C. CITY  
OR  
TOWN

Tucson

D. STREET (IF RURAL, GIVE LOCATION) ADDRESS  
2340 E. 8th St.,E. IS RESIDENCE ON A FARM?  
YES ☐ NO ☒3. NAME OF  
DECEASED  
(TYPE OR PRINT)

A. (FIRST)

EDWARD

B. (MIDDLE)

C. (LAST)

SIEGFRIED

4. SEX

Male

5. COLOR OR RACE

White

6A. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (SPECIFY)

Married

6B. NAME OF SPOUSE

Bessie Siegfried

7. DATE OF BIRTH

MONTH DAY YEAR  
7 12 95

8. AGE (IN YEARS)

LAST BIRTHDAY) MONTHS DAYS  
67 - -

IF UNDER 1 YEAR

HOURS MIN.  
- -9A. USUAL OCCUPATION (GIVE KIND OF  
WORK DURING MOST OF LIFE EVEN IF RETIRED)

Shoe Repair

9B. KIND OF BUSI-  
NESS OR INDUSTRY

Shoe

10. BIRTHPLACE (STATE  
OR FOREIGN COUNTRY)

New York

11. CITIZEN OF WHAT  
COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

Yes WW 1

13. SOCIAL SECURITY  
NO.

071 16 2772

14A. FATHER'S NAME

Max Siegfried

14B. BIRTHPLACE  
(STATE OR COUNTRY)

Hungary

15A. MOTHER'S MAIDEN NAME

Nettie Keller

15B. BIRTHPLACE  
(STATE OR COUNTRY)

Hungary

16. INFORMANT'S SIGNATURE

Bessie Siegfried 2340 E. 8th St.,

ADDRESS

17. DATE  
OF DEATH(MONTH) (DAY) (YEAR)  
November 29 196218. CAUSE OF DEATH  
ENTER ONLY ONE CAUSE PER  
LINE FOR (A), (B), (C).THIS DOES NOT MEAN THE  
MODE OF DYING, SUCH AS  
HEART FAILURE, ASTHMA,  
ETC. IT MEANS THE DISEASE,  
INJURY, OR COMPLICATION  
WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH:ANTECEDENT CAUSES  
MORBID CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE  
CAUSE (A) STATING THE UN-  
DERLYING CAUSE LAST.II. OTHER SIGNIFICANT CONDITIONS  
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT  
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

(A) Coronary thrombosis

Coronary artery atherosclerosis  
DUE TO PREVIOUS INFARCTION

DUE TO (C) generalized arteriosclerosis

Pulmonary emphysema

INTERVAL BETWEEN  
ONSET AND DEATH  
30 min

1960

many years

3 or 4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM December 30, 1962 TO November 29, 1962 THAT I LAST SAW THE DECEASED  
ALIVE ON August 31, 1962, AND THAT DEATH OCCURRED AT 9:40 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

Hugh H McFadyen

(DEGREE OR TITLE)

M.D.

22B. ADDRESS

Alvernon &amp; 5th, Tucson

22C. DATE SIGNED

11-30-62

23A. ACCIDENT  
SUICIDE  
HOMICIDE  
NATURAL CAUSE(SPECIFY)  
(McFadyen, MD)23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME,  
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)  
OF INJURY23E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☐  
CREMATION ☒ REMOVAL ☐

25B. DATE

12-1-62

25C. NAME OF CEMETERY OR CREMATORY

Evergreen Crematory

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Tucson, Arizona

26A. DATE REG.  
BY LOCAL REG.

26B. REGISTRAR'S SIGNATURE

27A. FUNERAL DIRECTOR'S SIGNATURE

27B. ADDRESS

Bring's Funeral Home

Tucson, Arizona

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S  
CERT. NO.

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